



City of Takoma Park Maryland
**Community Development Block Grant (CDBG)
Application Packet**

Application Deadline 4:00 p.m. on Monday, August 20, 2007

The Community Development Block Grant (CDBG) program is designed to fund activities that primarily benefit low and moderate-income residents of Takoma Park. Eligible activities include, but are not limited to programming or projects which address local housing, employment, crime prevention, childcare, health care, drug abuse prevention, education, mental health, welfare, neighborhood revitalization, or recreation needs.

To determine if your project might be eligible for CDBG funding, it is important to be familiar with the basic requirements of the program. You should also review the contractual requirements outlined in the application that you will be expected to meet if your project is selected for funding.

Applications are due by Monday, August 20, 2007, at 4:00 p.m.

An original and one (1) copy of your application must be submitted to:

City of Takoma Park Maryland
Housing and Community Development Department
ATTN: Sara Anne Daines
7500 Maple Avenue
Takoma Park, MD 20912

Only complete applications received by the deadline will be considered.

This application is also available online at <http://www.takomaparkmd.gov/>

Community Development Block Grant (CDBG) GRANT APPLICATION INSTRUCTIONS

WHO SHOULD APPLY?

Nonprofits

Only nonprofit organizations are eligible to apply for CDBG grants. Nonprofits must be incorporated under state law, and they must have a 501(c)(3) designation from the U.S. Internal Revenue Service. An organization whose 501(c)(3) status is pending may still apply, but it must ensure that the nonprofit designation will be in place before the beginning of the fiscal year (July 1, 2008). For-profit entities are not eligible to receive public service grants.

Government Agencies

Governmental and quasi-governmental agencies may apply. However, these agencies are strongly encouraged to apply in partnership with a local nonprofit organization. The nonprofit organization should be, whenever practical, the primary applicant. If you feel this program can be more efficiently and effectively delivered solely by a governmental agency, please provide a detailed explanation in question 6 of the application.

City departments and quasi-governmental agencies are eligible to apply for funds for other CDBG eligible activities. If you wish to apply for funding for infrastructure, public facilities, economic development activities, housing development or rehabilitation, or historic preservation activities, please contact the City of Takoma Park at 301.891.7224 to find out what form of application should be submitted.

ARE THERE SUBMISSION REQUIREMENTS THAT I SHOULD KNOW ABOUT?

It is important that you follow the directions included in the application. Incomplete applications or applications submitted after the deadline will not be accepted.

Submit a separate application for each project for which you are requesting funding.

Complete all the information requested in the space provided in the application. Do not vary your submission from the sequence or format presented in the application.

The application is available electronically however, applications must be submitted in hard copy, rather than on disk or via email.

Only complete applications received by the deadline will be considered for funding and reviewed. Use both the Completeness Checklist and the Attachments Checklist included in this application packet to help ensure that your application is complete.

Incomplete applications will be returned to the applicant. An applicant will be given seven (7) calendar days to provide missing information for applications that are

substantially complete but have minor omissions. Examples of omissions that an applicant will be given the opportunity to correct include a missing signature or federal identification number. Minor omissions do not include application questions that have been left unanswered or failure to submit a budget or requested attachments.

Applicants must use the required forms, including the budget form.

WHERE SHOULD I SUBMIT MY APPLICATION? IS THERE A DEADLINE?

Yes, there is a deadline. Submit one original and one (1) copy of the application no later than 4:00 p.m. on Monday, August 20, 2007 to:

City of Takoma Park Maryland
Department of Housing & Community Development
ATTN: Sara Anne Daines, Director
7500 Maple Avenue
Takoma Park, MD 20912

I HAVE SUBMITTED AN APPLICATION - WHAT HAPPENS NEXT?

Following the submission of your application, you may be contacted by the CAC and asked to participate in an informational meeting with members of the Committee. Interviews are generally schedule in early September. The recommendations the CAC are forwarded to the City Council for consideration in mid to late September. If your application is approved, funds will most likely not be available before July 2008.

Major milestones are as follows. The timeframes included with the individual milestones are for illustrative purposes only and are subject to change.

Notification in writing that your application has been received (unless you hand-delivered the application and received a receipt upon delivery) – *early September 2007*

City Staff reviews your application for completeness and eligibility. Applicants are notified in writing if an application is deemed ineligible for funding. Incomplete applications are returned – *mid September 2007*

CAC members review applications; applicants are scheduled to meet with members to discuss their applications and answer questions – *mid to late September 2007*

CAC members make funding recommendations to the City Council – *early October 2007*

A public hearing is held to solicit community input regarding priority needs and proposed projects – *early October 2007*

City Council reviews CAC recommendations for funding – *mid to late October 2007*

City Council recommendations forwarded to Montgomery County for review and final authorization – *late October 2007*

Staff and applicants discuss contract language and requirements; staff draft contracts – *January through July 2008*

Staff and grantee finalize and execute contract – *July, 2008*

Grantee receives Notice to Proceed, and can begin drawing down funds – *July, 2008*

Grantee delivers services and spends funds - *Twelve month period, beginning with Notice to Proceed, July through December 2008*

INCOME LIMITS

Any CDBG funded activity must serve at least 51 percent low- and moderate-income (LMI) persons. The most recent income levels for these two categories are shown on *page ii*.

It is imperative that applicants anticipate and plan for the methods they will use to determine and document the incomes of the persons that they serve through their CDBG funded activities.

A minimum of seventy percent of the persons benefiting from the City's overall CDBG efforts must qualify as low- and moderate-income (LMI) persons.

HUD Income Limits by Size of Household

Family Size	Low Income	Moderate Income
1	\$31,250	\$40,600
2	\$35,700	\$46,400
3	\$40,200	\$52,200
4	\$44,650	\$58,000
5	\$48,200	\$62,650
6	\$51,800	\$67,300
7	\$55,350	\$71,900
8	\$58,950	\$76,550

FOR MORE INFORMATION

For additional information on the CDBG program or assistance in completing the required application, please contact the City of Takoma Park's Housing and Community Development Department Staff at 301.891.7224 or by email at SaraD@takomagov.org.

COMPLETENESS CHECKLIST TABLE OF CONTENTS

This completeness checklist is provided to help you ensure that your application is complete and includes all the required elements. Place an “X” in the space provided once a particular piece of information is included and a section is complete.

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SECTION 1 - COVER PAGE

City of Takoma Park Maryland
Community Development Block Grant (CDBG)
Fiscal Year 2009 – Program Year 34

Project Title: _____

Amount of CDBG Funds Requested: \$ _____

Amount of Total Project Budget: \$ _____

Applicant Information:

Legal Name of Applicant/Organization:

Type of Organization: **Nonprofit** ____ **Government** ____

Mailing Address:

Contact Person: _____ **Telephone:** _____

Title: _____ **Fax:** _____

Email: _____

Certification:

“I certify that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true.”

Signature of Authorized Representative

Date

Print Name

Title

Federal I.D. Number

SECTION 2 - EXECUTIVE SUMMARY

In the box below, provide a *brief* summary of your project.

Describe WHAT you will do, WHOM you will serve, WHY the project is needed, WHERE you will do it, and WHAT you will fund with CDBG funds. (NOTE: More information is requested later; this space is for a *brief* overview of your project.)

SECTION 3 - PROJECT NEED

“Activities should provide new or expanded services that respond to critical, identifiable unmet needs.”

What unmet community need(s) will your project address, how did you determine that this need(s) exists, and how will your project address this need(s)?

SECTION 4 - PROJECT DESCRIPTION

“Activities should enable and empower those served to achieve their highest level of self-sufficiency.”

“The activity should stress long-term, innovative solutions and hold the promise of serving as a catalyst for change.”

4a. How will your project foster self-sufficiency of the client population served? Describe any factors that make your proposal unique or innovative:

4b. **Location of Project:**

“Priority will be given to activities in selected community development areas.”

1. Please provide the actual street address(es) where the staff implementing this project will be physically located:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Please describe the primary service area(s) for this project; that is, the geographic area from which most of the clients will come (e.g. by streets, neighborhoods, communities, or census tracts). If the service area is citywide, please state that, but if beneficiaries tend to come from certain neighborhoods, areas or parts of the city, please identify those areas.

3. CDBG funds must be spent entirely within the City of Takoma Park, and all people directly served with CDBG funds must be City residents. Will any people living outside the City be directly served under this project?

Yes ____ No ____ (If “yes,” what other funds will be used to serve these people?):

4c. **Project Goals:**

“The activity should have clearly stated goals and evaluation criteria that are specific, measurable, and realistic.”

List the expected project goals and accomplishments. What specific, quantitative, and measurable performance measures will you use to determine if your expected outcomes have been achieved? (You may attach **one (1) additional page**, if necessary; please label this page “Response to question 4c.” on the top of the attached page):

[illegible]

4d. **Previous Project Implementation:**

_____ Have you, or are you aware of others, who have carried out or attempted this project in the City of Takoma Park or Montgomery County before?

Yes ____ No ____ Second/Third Year Request ____

If “yes,” please explain:

(NOTE: If this is a second or third year funding request, you must also answer questions 8f.1 through 8f.6 on pages 22 and 23.)

4e. **Beneficiaries:**

1. Estimate the total number of people who will directly benefit from the project: _____
2. Estimate the total number of low- and moderate-income people as defined by HUD who will directly benefit from this project: _____
3. What percentage of the total people served are expected to be of low- and moderate-income*: _____%

Please identify source your estimates: _____

Please see the instructions for definition of “low- and moderate-income”).

4. Describe how you will document that at least 51% percent of your beneficiaries will have low- or moderate-incomes, as defined by HUD.

5. Please identify the primary beneficiaries this project will serve, and the number under each group. More than one group may be identified:

Special Needs Population	Number Persons Served
Persons who are homeless	
Persons with physical disabilities	
Persons with mental disabilities	
Elderly persons	
At-risk children and youth (Specify type of risk)	
Other (Specify type of risk)	
Persons with multiple special needs as listed above	

6. What is the estimated number of minority people/households to be served by this project?:

7. What percentage of the persons benefiting from the project/program falls into each of the following categories?

Racial Category	Percentage
White	
African-American	
Hispanic	
Asian/Pacific Islander	
American Indian/Alaska Native	
TOTAL	100%

SECTION 5 - ORGANIZATION EXPERIENCE AND CAPABILITY

“Priority will be given to activities that have a clear plan of action that is consistent with the budget and that demonstrate that the applicant has the capability to implement the proposed plan.”

NOTE: New groups are encouraged to enter into partnerships with more experienced groups and/or obtain qualified consultants to help implement the project.

5a. **Organization Background:**

1. Date your organization was incorporated: _____
2. Date operations began: _____
3. Number of total paid staff in your organization: Full-time: _____ Part-time: _____
4. Number of paid staff currently with your organization that will work on the project:
Full-time: _____ Part-time: _____
5. Number of new staff that will be hired to work on the project, if funded:
Full-time: _____ Part-time: _____
6. Will a consultant(s) or contract staff be hired to help implement the project?
Yes ____ No ____

If “yes,” please explain the services the consultant or contract staff will offer (NOTE: if you are funded, any subcontracts entered into are subject to approval by the City of Takoma Park):

7. What is the amount of your current annual operating budget? \$ _____

List your major source(s) of funding:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ATTACH THE FOLLOWING AT THE END OF YOUR APPLICATION:

- 1) IRS letter granting tax exempt nonprofit status 501(c)(3)
- 2) Board of Director's listing including names, titles, terms of office (if any), and addresses
- 3) Organization chart or organizational structure
- 4) Annual budget for the current year
- 5) Last year's audit

5b. **Organization Mission and Activities:**

1. Describe your organization's mission and how your proposed project fits in with your organization's mission and current activities:

2. Describe your organization's most recent key accomplishments:

SECTION 6 - COMMUNITY DEVELOPMENT AND COLLABORATION

“The activity should be integrated with other community services and provided in collaboration with other service providers.”

6a. Will you enter into a partnership with any other organization(s) to undertake this project?

Yes ____ No ____.

If “yes,” please list the organization(s) and its contribution(s). If “no,” explain why not:

6b. Is this proposed project coordinated with or a part of any ongoing housing or community development program? Yes ____ No ____ . If “yes,” explain how:

6c. Describe how the services of the project will be coordinated with other services in the community:

SECTION 7 - ACTION PLAN

“The activity should have a clear plan of action that is consistent with the budget and that demonstrates that the applicant has the capacity to implement the proposed plan.”

7a. **Budget:**

PLEASE COMPLETE THE BUDGET ON THE FOLLOWING PAGES
YOU MUST USE THIS FORM - Do not attach a different budget form

7b. **Partial Funding:**

In the past, the City has often provided partial funding for multiple projects instead of full funding for a few projects so that it could address numerous requests.

Please describe, in detail, the specific changes that you will make to your project or scope of services if your project is partially funded (e.g. Could this project be undertaken on a smaller scale, with fewer people served? How? Could additional funds be obtained from other sources?):

INSTRUCTIONS FOR BUDGET FORMS

The following budget information is only for the project for which you are requesting funds. You should not include your organization's total operating budget

Column A: List the titles of all positions to be funded in whole or in part with CDBG funds.

Column B: For each employee shown in column A, list the total hours per week to be spent on the CDBG project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

Column C: Show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), either use different lines for each staff person, or use the highest rate for the position title.

Column D: Show the total CDBG budget for this line item (hourly rate times the number of CDBG hours)

Column E: Show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the grantee.

FRINGE BENEFITS: Show the percent to be applied for each line item under column C. Multiply this percentage by the total salaries for each fringe item.

TOTAL SALARIES & BENEFITS: Subtotal of all costs shown in Part I. This figure will be included in the GRAND TOTAL under Part II.

BUDGET FORM FOR FY 2008 – PY 33

Not all line items may apply; only fill in costs for those that apply. Applicants requiring assistance with this form should call the Housing and Community Development Department at 301.891.7224. Remember that funds will not be available until approximately July 2008.

I. PERSONNEL COSTS	B	C	D	E
	CDBG HRS.	HOURLY	CDBG	OTHER
		RATE	BUDGET	FUNDS
	TOTAL		(CDBG hrs. X	
	HRS. PER		Rate)	
	WEEK			
SALARIES				
(List salaries of all positions to be assigned to this project)				
_____	/	\$	\$	\$
_____	/	\$	\$	\$
_____	/	\$	\$	\$
_____	/	\$	\$	\$
_____	/	\$	\$	\$
_____	/	\$	\$	\$
_____	/	\$	\$	\$
TOTAL SALARIES			\$	\$

FRINGE BENEFITS	PERCENT	TOTAL CDBG BUDGET (% X Total Salaries)	OTHER FUNDS BUDGET
FICA	_____ %	\$ _____	\$ _____
Retirement	_____ %	\$ _____	\$ _____
Insurance	_____ %	\$ _____	\$ _____
Workman's Compensation	_____ %	\$ _____	\$ _____
State Unemployment Insurance	_____ %	\$ _____	\$ _____
Other (Specify)	_____ %	\$ _____	\$ _____
_____	_____ %	\$ _____	\$ _____
TOTAL FRINGE BENEFITS	_____ %	\$ _____	\$ _____
TOTAL SALARIES & BENEFITS	_____ %	\$ _____	\$ _____

II. OPERATING COSTS	TOTAL CDBG BUDGET	OTHER FUNDS BUDGET
Office Rent	\$ _____	\$ _____
Audit & Accounting(1)	\$ _____	\$ _____
Books & Publications	\$ _____	\$ _____
Conference & Training	\$ _____	\$ _____
Equipment Leasing/Maintenance(2)	\$ _____	\$ _____
Insurance(3)	\$ _____	\$ _____
Legal	\$ _____	\$ _____

Local Mileage	\$ _____	\$ _____
Office Supplies/Materials	\$ _____	\$ _____
Postage	\$ _____	\$ _____
Printing	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Fidelity Bond Insurance	\$ _____	\$ _____
Utilities (List Separately)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other Expenses (List Separately)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL OPERATING COSTS	\$ _____	\$ _____
<u>GRAND TOTAL</u>	\$ _____	\$ _____

- (1) Funding recipients are required to meet federal audit requirements as outlined in OMB Circular A-133. Federal funds may be used to help pay the costs of such an audit. (For a copy of A-133, contact your accountant.)
- (2) Funding recipients may NOT purchase equipment with federal funds.
- (3) Funding recipients are required to meet the City's general insurance requirements (see fact sheet). Federal funds may be used to pay any increased insurance premium costs.

7c. **Timing:**

Any CDBG funds awarded should be fully expended within a 12- month period from the date of the contract signing. Please show below how activities will be undertaken and funds spent to meet this time frame requirement:

Calendar Quarter	Activities Undertaken and/or Results Achieved	Estimated CDBG \$ Drawn Down	Other Project Funds Drawn Down
First 3 Months			
Second 3 Months			
Third 3 Months			
Fourth 3 Months			

7d. **Key Staff and Resumes:**

1. Name the key people responsible for carrying out this project and provide their telephone numbers:

Name	Title	Telephone #

2. For each of the staff people listed above, provide the following information:

Name	Years with Organization	Job Responsibilities Relevant to Project	Percentage of Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTACH: Resumes of your chief administrative and chief financial officers, and key staff who will work on the project (if known) at the end of the application. This information should enable the reviewer to determine the years of applicable experience and key accomplishments in areas relevant to the proposed activity for which funds are requested.

SECTION 8 – LEVERAGING

“The activity should be supported by multiple funding sources and/or have well developed plans for seeking additional funding.”

8a. Under the City’s policy, an organization cannot receive funds for more than three years for the same project. List any prior CDBG funds received for this project, or for any other CDBG project, within the last 5 years:

Project Name: _____
CDBG Funds Received \$_____ Year prior funds received: _____

Project Name: _____
CDBG Funds Received \$_____ Year prior funds received: _____

Project Name: _____
CDBG Funds Received \$_____ Year prior funds received: _____

8b.1. Have you applied for funding from other sources for this project?

Yes ____ No ____.

If “no,” why not?

If “yes,” to whom have you applied? (For *approved* funds, please provide a copy of the commitment letter. For *pending* funds, please provide the name and telephone number of a contact person at that funding source)

Funding Source: _____

Contact: _____ Telephone Number: _____

Status of Funding: Approved ____ Pending ____ Denied ____

Funding Source: _____

Contact: _____ Telephone Number: _____

Status of Funding: Approved ____ Pending ____ Denied ____

Funding Source: _____

Contact: _____ Telephone Number: _____

Status of Funding: Approved ____ Pending ____ Denied ____

8c. 1. Identify the total cash funding for this project, and the form of assistance (i.e. loan, grant, contribution, etc.):

Source of Funds	Form of Assistance	Amount
CDBG Funds		\$
Other City/County Funds		\$
Other Funds		\$
		\$
		\$

2. If you will use volunteers or in-kind contributions for this project, please explain:

8d. Does the project need federal funds after FY 2008?* Yes ____ No ____

If so, how much? \$_____ For how long? _____
Why is continued funding needed?

(* **NOTE:** A “yes” answer does not guarantee future funding.)

8e. Continuation of Project

Explain, in detail, how you will continue this project once CDBG funds are no longer available. (Even if this is a first year request, please provide a well thought-out fund raising plan to be undertaken once CDBG funds are no longer available - regardless of whether funds are no longer available after year one or year three):

8f. **FOR SECOND AND THIRD YEAR FUNDING REQUESTS ONLY**

(If you are applying for second or third year funding, please complete questions 8f. 1. through 8f. 7.):

1. What steps have you taken to secure other sources of funds for this project and to ensure the continuation of this project once CDBG funds are no longer available?

2. If applicable, please describe any modifications in the scope of activities from what was previously funded:

3. Evaluate the success of your project to date:

4. Total number of people and/or households directly served since project began:

People _____ Households _____

6. Total number of low- and moderate-income* people and/or households directly served since project began:

People _____ Households _____

(* - Please refer to the APPLICATION INSTRUCTIONS for the definition of “low- and moderate-income”)

6. Demographic breakout of people or households directly served since project began:

Racial Category	Number of People	Number of Households
White		
African-American		
Hispanic		
Asian/Pacific Islander		
American Indian/Alaska Native		

ATTACHMENT CHECKLIST

Please complete and submit this checklist with a copy of the following, **if applicable**.

Please label the documents using the document name and numerical order below. Please place all attachments at the **end** of the application. On the checklist, indicate by an “X” if the document is attached.

- _____ Internal Revenue Service letter granting tax exempt nonprofit status 501(c)(3).
- _____ Board of Director’s listing including names, titles, terms of office (if any), and addresses of all members.
- _____ Organizational chart or organizational structure.
- _____ Organization’s total fiscal budget (current year) and most recent audit.
- _____ Resumes of chief administrative and chief fiscal officers, and key staff who will work on the proposed project (if known).
- _____ Two (2) letters of community support (from other organizations, former or current clients, elected officials, etc.).

NOTE: Organizations whose projects are approved for funding will be required to enter into a contract with the City of Takoma Park for implementation of the funded activity. This contract will contain provisions that will ensure compliance with all federal, state, and local laws and regulations. Upon execution of the contract and depending upon the type of activity, the organization will be required to submit other documents and information including, but not limited to: personnel rules and regulations, sample agency or organization timesheet; and proof of insurance coverage.